## PART B - FEE(S) TRANSMITTAL

form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Complete an SEP 2 8 2009

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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32423

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07/23/2009

SPKINT COMMUNICATIONS COMPANY L.P. 6391 SPRINT PARKWAY KSOPHT0101-Z2100 OVERLAND PARK, KS 66251-2100

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Sally J.	Werts		<u> </u>	. 1	Deposi	tor's name)
	OUL	M	5/I	N	7	(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/689,690	10/22/2003	Dararith Un	2486/SPRI 107676	4897

TITLE OF INVENTION: SYSTEM AND METHOD FOR SELECTIVE ENHANCED DATA CONNECTIONS IN AN ASYMMETRICALLY ROUTED **NETWORK** 

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DA	TE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510		23/2009
EXAMINER ART UNIT  , SAMUEL, DEWANDA A 2416		ART UNIT	CLASS-SUBCLASS		3 ABELETE2 00000027 21076		5 10689690
		2416	370-409000	01 FC:1501	1510.00 DA		
FR 1.363).  Change of corres Address form PTO/5  "Fee Address" ir	dence address or indication spondence address (or Chas SB/122) attached. Indication (or "Fee Address to more recent) attached.	ange of Correspondence	or agents OR, alternation	o 3 registered patent attornively, e firm (having as a membagent) and the names of urneys or agents. If no names	per a 2		
PLEASE NOTE: U	Inless an assignee is ident		THE PATENT (print or type data will appear on the p		dentified below, the doc	cument has	been filed
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Authorized Signature

Typed or printed name <u>Melissa A.</u> Jobe Registration No. 54,605

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR ATTO	ORNEY DOCKET NO.	CONFIRMATION NO.	
10/689,690	10/22/2003	· · · · · · · · · · · · · · · · · · ·	Dararith Un	. 2	486/SPRI 107676	4897	
TITLE OF INVENTION: S NETWORK	SYSTEM AND METI	HOD FOR SELECTIVE	ENHANCED DATA	CONNECTIONS IN AN A	ASYMMETRICALLY I	ROUTED	
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nonpfovisional	NO	\$1510	\$0	\$0	\$1510	10/23/2009	
EXAMINI	ER	ART UNIT	CLASS-SUBCLASS				
SAMUEL, DEW	ANDA A	2416	370-409000	<b>_</b>	•		
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
(A) NAME OF ASSIGN	an assignee is identi 137 CFR 3.11. Comp EE	fied below, no assignee letion of this form is NO	data will appear on the T a substitute for filing a (B) RESIDENCE: (Cl'	patent. If an assignee is in assignment.  IY and STATE OR COUN		ocument has been filed for	
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Please check the appropriate	assignee category or	categories (will not be pr	inted on the patent):	Individual W Corpora	tion or other private gro	oup entity U Government	
4a. The following fee(s) are submitted:			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 210765 (enclose an extra copy of this form).				
5. Change in Entity Status  a. Applicant claims St	MALL ENTITY status	s. See 37 CFR 1.27.		onger claiming SMALL EN			
NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (if requords of the United Stat	ired) will not be accepted es Patent and Trademark	d from anyone other that Office.	n the applicant; a registered	d attorney or agent; or th	ne assignee or other party in	
Authorized Signature	Meas	391 DGB	(	Date 9/10	(2009		
Typed or printed name	Melissa A	Jobe	-	Registration No.	54,605	·	
This collection of information an application. Confidentialisubmitting the completed apthis form and/or suggestions Box 1450, Alexandria, Virgina 22313-	on is required by 37 Cl ty is governed by 35 plication form to the for reducing this burning 22313-1450. DO 1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to th NOT SEND FEES OR (	on is required to obtain of 1.14. This collection is depending upon the ine Chief Information Off COMPLETED FORMS	or retain a benefit by the puestimated to take 12 minut dividual case. Any comme icer, U.S. Patent and Trade TO THIS ADDRESS. SENTING TO THIS ADDRESS IN Information unless it displa	blic which is to file (and es to complete, including the amount of the smark Office, U.S. Depond TO: Commissioner was a valid OMB control	by the USPTO to process) g gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.	

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